

Authorized Onsite Soil Evaluator Reference Form

Name : (applicant)	Name : (of person giving reference)
Address:	Address:
Phone Number:	Phone Number:
How many years have you known the applicant in a professional capacity? Years known _____	What relationship do you have with the applicant that makes you familiar with their knowledge, skills, and abilities?
Do you attest that the applicant has the knowledge, skills and abilities to work as an authorized onsite soil evaluator and to do so in compliance with the <i>Sewage Handling and Disposal Regulations</i>? Yes _____ No _____	Are there any qualifications you would place on this individual regarding their capacity to perform the site evaluation, system design, inspection, and client support required of an AOSE? Yes _____ No _____ (If Yes, please explain below)
Please provide any other comments you wish to make here. (This section is optional)	

Signed _____

Date _____

Applications may either sealed in an envelope and returned to the applicant for enclosure with their application or mailed directly to:

The Division of Onsite Sewage and Water Services
 109 Governor Street, Room 500
 Richmond, VA 23219